

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CAMERA FOR MEDICAL, PARTICULARLY DENTAL USE
Attorney Docket Number::	0502-1046
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: BOYER
Name Suffix::
City of Residence:: MARSEILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 39, RUE DU VILLAGE
Address::
City of Mailing Address:: MARSEILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-13006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALAIN
Middle Name::
Family Name:: MAZUIR
Name Suffix::
City of Residence:: SAINT MAXIMIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 3052, CHEMIN DU MOULIN
Address:: LA SAINTE BAUME
City of Mailing Address:: SAINT MAXIMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-83470

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000456	2/25/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0402090	3/1/04	Yes

Assignment Information

Assignee Name:: SOPRO

Street of Mailing ZAC ATHELIA IV

Address:: AVENUE DES GENEVRIERS

City of Mailing Address:: LA CIOTAT CEDEX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-13705